

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			04/23/00
O.I.P.E. CLASSIFIER		8	4-700
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

CROSSY W. S.W

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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